

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400235525

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100322 4. Contact Name: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-21203-00 6. County: WELD
7. Well Name: GOLDBERG N Well Number: 14-11
8. Location: QtrQtr: NESW Section: 14 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/15/2011</u>	Date of First Production this formation: <u>10/24/2011</u>
Perforations Top: <u>7164</u> Bottom: <u>7184</u>	No. Holes: <u>80</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Re-Frac'd Codell w/ 129,662 gals of Slick Water and Vistar with 240,000#'s of Ottawa sand.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>10/28/2011</u> Hours: <u>24</u> Bbls oil: <u>7</u> Mcf Gas: <u>97</u> Bbls H2O: <u>1</u>	
Calculated 24 hour rate:	Bbls oil: <u>7</u> Mcf Gas: <u>97</u> Bbls H2O: <u>1</u> GOR: <u>13857</u>
Test Method: <u>Flowing</u> Casing PSI: <u>653</u> Tubing PSI: <u>427</u> Choke Size: <u>16</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1251</u> API Gravity Oil: <u>55</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7139</u> Tbg setting date: <u>09/21/2011</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Andrea Rawson

Title: Regulatory Specialist Date: 12/27/2011 Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400235525	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)